## N23000001207

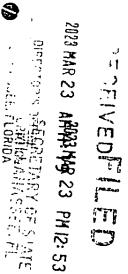
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 5 Plus Partners Inc.
DOCUMENT NUMBER: N 2300000 120
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charlyse Janae Lawson (Name of Contact Person)
(Name of Contact Person)
5 Plus Partners Inc.
: (Firm/ Company)
115 N. Indian River Dr. #319' (Address)
(Address)
Cocoa, Florida 32922 (City/State and Zip Code)  (City/State and Zip Code)
(City/ State and Zip Code)
Info@5pluspartners.org  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Charlyse Lawson at (321) 505-7850 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CotporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment

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## Articles of Incorporation of

5 Plus Partners In	of €.	
(Name of Corporation as currently filed with the Flori		
N2300000120	)7	
	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stanendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration: N   A	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS)</u>	202: SEC
		HAR :
C. Enter new mailing address, if applicable:	NIA	23 H
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
	· · · · · · · · · · · · · · · · · · ·	2. Sign 3.
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		he name of the
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida stree	et address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		gations of the position.
	NIA	
<del></del>	Signature of New Registered Ago	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT John J V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)ChangeAddRemove	CEO	Charlyse Janae Lawson Christina Dillard	115 N. Indian River Dr # 319 Cocoa, FL 32922 2135 Tousend
2) Change Add Remove Change	5	Stephanie Robinson	3/35 Tausend Saginaw, Michigan 48601 40 Country Club Road Cocoa Beach, FL 32931
Add Remove  4) Change Add	D	Rajah Durosinmi	1520 Schumadher Drive Boiling Brook, Illinois 60490
Remove 5) Change Add	<del></del>		
Remove  6) Change Add Remove	· · · · · · · · · · · · · · · · · · ·		
		ticles, enter change(s) here: (Be specific)	

<del></del>		
The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.  Effective date if applicable:	N   A  N   A  an 90 days after amendment file date)	
Note: If the date inserted in this block does not meet t	he applicable statutory filing requireme	
document's effective date on the Department of State'  Adoption of Amendment(s) (CHECK)	s records.	
The amendment(e) weekwere adented by the mon		no amandment(e)

was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated March 22, 2023 03/22/2023
Signature  (By the chairman of vice chairman of the board, president or other officer-if directors have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Charlyse Jange Lawson
(Typed or printed name of person signing)
CEO and Founder
(Title of person signing)